

TeenSMART Outreach Program Participant Satisfaction Survey

We would like your feedback on **(INSERT NAME OF YOUR PROGRAM)** presentation that was given in your class this year. Please answer each of the questions below and return it to **(INSERT NAME OF PERSON TO COLLECT SURVEY)**. Please ***do not*** put your name on the survey. Thank you.

1. Gender

Female

1

Male

2

2. Age: _____ years

3. Should this presentation be given to other students your age?

Yes

1

No

2

4. Did you learn anything new from this presentation?

Yes, a lot

1

Yes, a little

2

No

3

5. The information I learned about methods of protection will make it easier for me to practice safer sex now or in the future.

Strongly Disagree

1

Disagree

2

Agree

3

Strongly Agree

4

6. I feel as if I have more choices about safer sex after attending the presentation.

Strongly Disagree

1

Disagree

2

Agree

3

Strongly Agree

4

7. I will be able to use the information I learned in the presentation.

Strongly Disagree

1

Disagree

2

Agree

3

Strongly Agree

4

8. The length of the presentation was:

Much too Short

1

Too Short

2

Just Right

3

Too Long

4

Much too Long

5

9. Overall, how would you rate the presentation?

Very Poor

1

Poor

2

Good

3

Very Good

4

Excellent

5

10. What did you like most about this presentation?

11. What did you like least about this presentation?

12. What was the most important thing you learned from this presentation?